DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10021270-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

l believe I am the origin joint inventor (if plural patent is sought on the	names	are listed below) of the	nly one name is liste ne subject matter wh	d below) or an o nich is claimed a	original, first and and for which a	
SYSTEMS AND METH MOBILE PROBES			SYSTEM PERFORM	ANCE OPTIMIZ	ATION USING	
the specification of wh	ich is at	tached hereto unless t	he following box is c	hecked:		
() was filed on Number	and \	as US Appli was amended on	cation Serial No. or I	PCT Internationa applicable).	al Application	
I hereby state that I h including the claims, a disclose all information	s amen	ded by any amendmer	nt(s) referred to above	ve. I acknowle		
Foreign Application(s) and/or		•				
I hereby claim foreign priorit inventor(s) certificate listed t a filing date before that of th	pelow and	have also identified below	any foreign application fo			
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
				YES:	NO:	
				YES:	NO:	
Provisional Application	 					
I hereby claim the benefit up below:	nder Title	35, United States Code Se	ction 119(e) of any Unite	d States provisiona	application(s) listed	
	AP	PLICATION SERIAL NUMBER	FILING DATE			
U. S. Priority Claim I hereby claim the benefit u						
insofar as the subject matte manner provided by the first information as defined in Titl application and the national of	r of each t paragrap le 37, Cod	of the claims of this applica on of Title 35, United States de of Federal Regulations, Se	ation is not disclosed in the S Code Section 112, I ack ection 1.56(a) which occu	he prior United Stat knowledge the duty	es application in the to disclose material	
APPLICATION SERIAL NUME	BER	FILING DATE	STATUS	STATUS (patented/pending/abandoned)		
POWER OF ATTORNEY:		L				
As a named inventor, I her business in the Patent and T				secute this applicat	ion and transact all	
Customer	Number	022878	Place Customer Number Bar Code			
			Label here			
Send Correspondence to	:	Direct Telephone Calls	s To:			
AGILENT TECHNOLOGIE		Jody C. Bishop	or _{Ro}	bert Martin		
Legal Department, DL429 Intellectual Property Administration		n .				
P.O. Box 7599 Loveland, Colorado 8053	37-0599	(214) 855-8007	(63	(650) 485-7533		
I hereby declare that a made on information a with the knowledge imprisonment, or both false statements may j	and bei that wi , under	lief are believed to be Ilful false statements Section 1001 of Title	true; and further th and the like so m 18 of the United St	at these statem ade are punish tates Code and	ents were made able by fine or that such willful	
Full Name of Inventor: Val	ery Kan	evsky	Citizenship: U	.S.A.		
Residence: 20)22 Ban	doni Av nue, San Lore	enzo, CA 94580			
		doni Avenue, San Lor		7 3		

Rev 12/02 (DecPwr)

Inventor's Signature

(Use Page Two For Additional Inventor(s) Signature(s))

Page 1 of 2

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10021270-1

Full Name of # 2 joint inventor:	John C. Eidso	n		Citizenship: <u>U.</u>	S.A.	
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nventor's Signature			Date			
Full Name of # 3 joint inventor:				Citizenship:		
Residence:						
Post Office Address:						
Inventor's Signature	···	· · · · · · · · · · · · · · · · ·	Date			
_			Dute			
Full Name of # 4 joint inventor:				Citizenship:		
Residence:						
Post Office Address:						
Fost Office Address.						
Inventor's Signature			Date			
Full Name of # 5 joint inventor:				Citizenship:		
Residence:						
Post Office Address:						
Inventor's Signature						
			Date			
Full Name of # 6 joint inventor:				Citizenshin:		
Residence:						
Post Office Address:					·····	
Tost Office Address.			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Inventor's Signature			Date			
Full Name of # 7 joint inventor	•			Citizenship:		
Residence:						
Post Office Address:						
Inventor's Signature				· · · · · · · · · · · · · · · · · · ·		
•			2010			
Full Name of # 8 joint inventor	•			Citizenship:		
Residence:	·					
Post Office Address:						
						
Inventor's Signature			Date			